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ENUCLEATION OF MAMMARY GLAND AND AXILLARY LYMPHATICS FOR CARCINOMA.

RY C. E. CASE, M. D., TACOMA, W. T.

EDITOR CALIFORNIA MEDICAL JOURNAL—*Dear Sir:* Again I ask the privilege of being permitted to trespass upon your space and patience to report a case.

On the 5th of December, 1888, Mrs. B., widow lady, aged 55 years, presented herself at my surgery with a carcinoma of left breast. On inquiry she stated that she had been under the care of a physician of a different school, and that she thought she would see what an Eclectic physician thought of her case. With the ordinary astuteness of the average Eclectic physician, I soon found that what her Allopathic medical attendants had been "treating" by jabbing a knife into occasionally for the past two years for a "bealing" (as they had severally expressed to her) was a malignant growth *per se*, or had been made such by their unsuccessful attempts to get rid of a "rising," as these disciples of Æsculapius "learnedly" called it. I stated to her my opinion

that it was carcinoma, as the axillary glands were indurated. She unhesitatingly put herself into my hands for treatment.

After a short preliminary constitutional treatment, during which an occasional full bath was ordered and taken, I, on the day preceding treatment, thoroughly soaped and carefully shaved the left (diseased) breast and axillary region of corresponding side, regardless of whether hair was or was not present. I then thoroughly scrubbed the same regions with soap and brush, after all which I applied a liberal dressing of sublimate cotton and banded with sublimate roller bandage.

The following day this dressing was removed and the affected surfaces were again scrubbed with soap and brush and douched with ether. The patient was then anesthetized and placed upon a table in the best lighted room in her house, which I had fumigated with sulphur fumes and closed up for the night previous to operation. I had previously removed the carpet and all drapery and pictures and all superfluous and disease-breeding articles of furniture.

The patient was placed upon the table, which was covered with a bed-quilt, over which was placed a rubber sheet so arranged that all blood and irrigation fluid would pass into a large crockery jar sitting upon the floor beside the table. I then, while the anesthetic was being administered, cleansed my hands in a five per cent solution of carbolic acid and then put on a rubber apron, after removing my coat and vest. I then pared my finger-nails and immersed my hands in a two and one-half per cent carbolic solution, and then placed a rubber sheet over the patient, except at region of operation, and around the region of operation towels which had been wrung out of sublimate solution.

A scalpel was taken out of a three per cent carbolic acid solution and elliptical incisions were made so as to include almost the entire breast, the knife made to immediately pass through the entire skin at each stroke of the knife. Catch forceps were immediately applied to all bleeding points. The knife was now entered at the outer convergence of these incisions and an incision made directly through the skin at a single stroke across the axilla and quite on to the inner surface of the arm, the arm being

previously held fixed, with moderate strength, away from the chest. Again catch-forceps were applied to all bleeding points, and catgut ligatures applied wherever slight tortion seemed to be insufficient to arrest bleeding and the parts irrigated. The next step of the operation consisted in attempts at freeing the breast, both by the knife and manipulating it with the hand. It became necessary to cut away the pectoral muscles in order to remove the mass which was tightly bound down to the chest. Strong catgut was used upon bleeding vessels, tied with a square knot and cut a half inch from the knot in the case of the larger vessels. Again irrigation was resorted to. The dissection of the glands in the axillary region was done with the utmost care, so that the vessels and nerves were interfered with as little as possible. Such vessels as were seen to pass to and through glands were tied on proximal and distal sides of glands before extirpation and in this way often blood was saved. The tumor was not freed from the axillary contents until all the glands of that region were dissected away and assisted greatly in their removal, the tumor acting as a handle to the axillary glands during their removal. The last-mentioned expedient I have seen made use of by one of our leading Eclectic surgeons, whom it was my good fortune to see operate during a recent visit I made to New York hospitals.

The field of operation was frequently irrigated by my assistant, (my office-boy, aged fifteen years, who assists me in all my operations), the irrigating fluid being a one to three thousand sublimate solution. The tumor, with glands attached, being now removed, the parts were again freely irrigated. My own hands, as well as those of my assistant, were, from time to time, immersed in a sublimate solution which was kept at a convenient distance for the purpose. The sublimate towels about the wound were now changed for other towels also wrung out of sublimate solution. An incision was now made of a few lines in length through the skin three inches below wound margin, through which I plunged a long dressing forceps, into the grasp of which I placed a rubber drainage tube of large caliber, which, by withdrawing the forceps, was made to emerge upon the skin, leaving the other end deep in the wound, the several perforations in the tube serving as an

efficient drain. The drainage tube was taken out of a solution of five per cent carbolic acid in which it, with others, had stood for several weeks. I then passed two silver-wire sutures one and one-half inches from the edge of the wound, and two inches apart, to act as retention sutures (made to emerge at same points upon opposite flap), to take the strain off of the sutures of approximation, which were of catgut and in two rows. That is, at intervals of half an inch from surface interrupted sutures were placed. Then a continuous suture of finer catgut was inserted the whole length of the wound, nicely and exactly coaptating the edges of the wound for its whole extent. This is tedious work, but well pays for the time and labor expended. I then placed upon each end of the silver wire sutures a piece of perforated sheet lead one inch square, brought them reasonably close together so as to take all strain off of the superficial sutures, and then shot the wire and cut the wire off close down to the shot. Then I placed a disinfected safety-pin through the end of the drainage tube projecting from the wound and cut off the surplus of tube close to the safety-pin. I then placed the nozzle of the irrigation tube into the drainage-tube and flushed out the wound until the fluid returned quite clear. I then cleaned and irrigated the whole external part of the field of operation; then, after thoroughly cleaning my hands anew, took narrow strips of iodoform gauze and wrapped around the pieces of sheet-lead attached to the retention sutures and also around the safety-pin at the end of the drainage-tube. Then I freely dusted the wound edges with iodoform. Next I rumpled a piece of sublimate gauze and laid it lightly over the line of suture and the extremity of drainage-tube so as not to produce harsh pressure when the dressing was complete. Over this I placed a half dozen layers of sublimate gauze. Over this I placed a half pound of sublimate cotton, being particular to pad well the axillary region and shoulder of the injured side. I then enveloped the breast of the opposite side in pure cotton-wool for the purpose of keeping it and all parts adjacent to wound free from infection. Then applied sublimate roller, over which I placed a plain cotton roller and placed the patient in bed in a comfortably warm and well-aired room. Put

patient upon highly nutritious but fluid diet. The patient's temperature reached the highest point (100.1°) one hundred and one tenth degrees, the day after operation. It remained at about (99.5°) ninety-nine and one-half degrees, for the first eight days, during which time she often asked for, and was given, water to drink, but never until the eighth day did she complain of any pain. I then removed the dressing, manipulated the arm of the injured side as little as possible, which, I should have stated, was included in the dressing. Irrigated through drainage-tube with a one to three thousand sublimate solution, and repeated the dressing as before after removing the drainage-tube. The only part of the wound which was not healed by primary union was the site of the drainage-tube, thanks to the time and care expended in obtaining exact coaptation of the edges of the wound. To-day, three weeks since the operation, patient is discharged cured. The last half hour of operation the patient was given no ether, *i. e.*, during the application of the dressing. Time of operation and dressing, two hours and thirty minutes. Time patient was under anesthetic, two hours.

I thank you for the space in your valuable journal to relate this case.

I have under treatment a case of possible tumor of urinary bladder, though it may be a case of chronic cystitis. In either event laparotomy will decide. I intend to cut down and find out, performing the "high operation." If it is cystitis I will pack the abdominal wound and bladder wound with iodoform gauze around a catheter left in the bladder and passed out through the abdominal wound, and hope in this way to cure the disease by giving the bladder rest. If a tumor is present will endeavor to remove it if operation offers reasonable ground to warrant its removal. If a stone be present it will be but a trivial affair to remove it, and carefully close the bladder and abdominal wound.

I have also a case for "Alexander's operation" under treatment preparatory to operation. Would like to ask the privilege of reporting these cases in the CALIFORNIA MEDICAL JOURNAL when I shall have operated upon them.

Thanking you for your patience, which must be sorely tried by this lengthy communication, I remain very respectfully yours,

C. E. CASE.

[We will be pleased to publish such articles as the above at all times.—ED.]

NOTES THERAPEUTICAL.

BY JOHN FEARN, M. D.

MENTHA PIPERITA.—Most physicians are acquainted with this drug in some form or other, and yet many have more to learn. I do not wish to speak exhaustively of this drug, but wish at this time to call attention to some of the places where aqua mentha piperita may be found very useful. It seems to possess a very soothing influence on irritated and inflamed surfaces, especially mucous surfaces.

In laryngeal coughs I have long found it a good remedy; the cough is not of the lungs, it is not a reflex cough, but it arises from laryngeal irritation. A tongue depressor and a good light will reveal this irritation. May be prescribed:—

R Spec. aconite gtts., vij.
 Syr. tolu, ʒij.
 Aqua mentha pip., ʒvi.

M. Sig.—ʒi. every two or three hours, impressing the patient with the thought that the medicine must be swallowed very slowly, the benefit coming largely from its topical influence as the medicine passes over the irritated surfaces. Sometimes the disposition to cough is so pronounced that in addition to the above we may need the influence for a short time of a narcotic; in such cases, add to the formula from ʒij to ʒv syr. of codeia. In gynecological practice it comes in well. In these cases an infusion of the plant may be used as a douche, wash or injection.

About two years ago, after an operation for the relief of lacerated cervix and perineum the suffering and sensitiveness of the patient was very great. I resorted to injections of infusions of this plant with very great benefit to the patient. Later, in a

case of vaginitis, complicated with rent perineum and cystocele, in which the patient's life was made miserable by her condition, I advised an operation for radical relief. She could not undergo the operation, as she was going East on business. So, for a few days, she was given medicine to palliate, and the aqua mentha piperita in connection with Lloyd's hydrastis was used freely, locally. The relief was so great that she was enabled to go on her journey in comparative comfort. The singular thing about this case was that her former physicians never seemed to know what the trouble was, and, moreover, said that nothing could be done to help her. These remarks will serve to call the attention of the physician to this use of the drug, and I am persuaded that if used as wash, douche, or gargle for these indications, it will be found reliable.

GALVANISM IN SYPHILITIC ULCERATION OF THE THROAT.—A good while ago I wrote in this JOURNAL of galvanism in syphilitic ulceration of the throat. At that time it rendered me remarkable assistance in healing an ulcer in the back of the pharynx. This ulcer for many months had resisted all efforts made upon it in hospital and private practice. But under the influence of galvanism, locally applied, the nature of the ulcer changed for the better, and slowly healed up, and, what is more, remains healed. I have lately had most excellent opportunity to confirm my good opinion of this therapeutical agent.

A case contracted more than a year ago, in which the pharynx, soft palate, and bronchial cavity generally, was in bad shape; the ulcer seemed inclined to spread in depth and extent. I used galvanism, a mild current, every day for some time. The patient took the positive pole in his left hand, and an electrode with a round ball was attached to the negative pole. This was applied to the ulcer so that every portion of the ulcer, including its raised edge, received the galvanic current. The result was remarkable. When I commenced with the galvanism, he could not swallow even a drink of water without suffering great agony. In a few days he could eat a good square meal without suffering. Its first influence seems to be to relieve the terrible soreness; the next, the foul, tenacious secretion is changed to one of a blander

nature, and, in the last place, having removed the irritation and tension of the parts, which is the cause of the suffering, it disposes the ulcer to heal rapidly.

Do not suppose that I depend entirely on galvanism for the radical cure of constitutional syphilis. I use internally the best remedies for breaking down cacoplastic material in the body, and eliminating the same, and also the best remedies for assisting in making good blood and consequently building up a healthy body. The caviler may object, and say, "How do you know that the benefit is not due to the medicine and not to the galvanism?" I have seen some considerable of syphilis. I have lately treated four cases of constitutional syphilis, all with very bad throats. Two of them I treated with medicine, topically and internally, and no galvanism; the other two I gave the same kind of medical treatment, but I added galvanism. The difference in favor of galvanism was something I will never forget; and if the poor sinners knew, what I firmly believe, that their sufferings might have been wonderfully mitigated and shortened by the use of this remedy, they would never forgive me for not using it. I wanted to know the worth or worthlessness of this remedy, and I took this course to inform myself. I have learned the lesson so well that I think I will never forget it.

HEART REMEDIES.

BY I. J. M. GOSS, M. D.

VERATRUM VIRIDE.

UNDER the influence of veratrum the heart's action soon becomes slower, pulse softer, and the blood cools more or less, and reaches the brain and extremities in less quantity. In hyperemia of the brain, aconite restrains the heart, and if of a passive kind, gelsemium or belladonna will be required. If the heart is weak it can be strengthened by the use of digitalis, in doses of 5 gtts. every two hours, alternated with nux vomica 5 gtts. every four hours. And in many cases of weak heart there is

anemia associated with the weakness, and here iron will give good results. In cases of dilated heart, a few drops of digitalis will very often quiet the irritability that is almost always associated with this abnormal condition; a few drops of the tincture of convallaria will often act like a charm. In cardiac hypertrophy, with consequent congestion of the lungs, and often pulmonary hemorrhage, aconite acts well, but where a decided impression is quickly desired, veratrum is the article, and should be, given in full sedative doses, 3 or 4 gtts. every three hours, until the pulse falls to its normal standard, then in smaller doses to prevent relapse; or, after quieting the excited heart with veratrum, I have succeeded in maintaining the advantage thus gained, with cactus, adonis or lycopus. If dropsy supervene, apocynum and digitalis, 10 or 15 gtts. of each every four hours, will quiet the heart and remove the dropsy. If these fail, the convallaria may be tried, alternated with apocynum. To cure dilatation, collinsonia, in doses of 15 to 20 drops three or four times a day, acts very positively. Collinsonia gives tone to the vessels as well as to that of the heart itself, and with cactus to control nervous excitement, I have carried many cases along safely for years, and have cured many cases of a mild type of dilatation. I find many cases of palpitation connected with dyspepsia, and can only be temporarily relieved until the stomach can be toned up, for which purpose hydrastis and chelone glabra are very positive in action. There are many cases of nervous palpitation from the use of tobacco, only to be cured by the discontinuance of the habit, and the use of digitalis or cactus for a time to quiet the nerves.

"THE WHAT IS IT."

ANSWERED BY I. J. M. GOSS, M. D.

I SEE a quotation in the CALIFORNIA MEDICAL JOURNAL, in which some man sneeringly comments upon my being a graduate of both Eclectic and Allopathic colleges, but neither the publisher

nor the anomalous commenter had the professional courtesy to send me the Journal, the *Southern Practitioner*, in which the undue advantage was taken of me. He, the said anomalous writer, asks me, or anyone else, to tell what is an Allopathic school. I did not suppose there was any man who did not know what an Allopathic school was. In answer, however, I would say that it is one that teaches an exclusive routine practice, and one that, ignoring all discoveries outside of its own ranks, refuses to use remedies, however potent in healing they may have proven, until they are slowly introduced into their pharmacopeia; and of course it then hails them as new discoveries. Said school also teaches that the liver is the source of many diseases, and, finding the liver engorged in fevers, give mercury to cure the liver, when the fever has engorged the liver by a disordered circulation, and only to be relieved by curing the fever. Its followers call themselves, "regular." Now, I suppose they are regular to give calomel for supposed liver disease, and regular to give opium to lull pain, in almost all diseases, whether contra-indicated by congestion or not. If the learned critic can give us a better definition of Allopathy, please let us have it.

SELECTIONS.

WHAT IS THE DOCTOR'S DUTY TO HIS PATIENT SUFFERING WITH MALIGNANT DISEASE?

THE long illness of Frederick, emperor of Germany, who died of cancer of the larynx, has caused much discussion as to the duty of a physician or surgeon towards his patient suffering with malignant disease. If it was the duty of his medical attendants to inform him of the true nature of his case, it is likewise the duty of all surgeons to follow the same course when the patient happens to be the humblest peasant. Here, as in many other solemn duties of life, "there is no respect of persons."

At the consultation, when it was finally concluded to inform the emperor that he had "cancer," Dr. Mackenzie, whose duty it was to make the statement to the august patient, concluded that it had better be done by a German doctor in his own language, so as to avoid all mistake, and he says that the surgeon who performed this unpleasant duty was very careful to state the extreme gravity of the case, so as to leave no doubt; but he noticed he was also careful not to use the word "*cancer*" at all.

It falls to the lot of every doctor, soon after commencing practice, to face this question squarely, and as differences of opinion exist among intelligent physicians as to the best and wisest course to pursue under the circumstances, it is quite important both to patient and doctor that, if possible, the right course should be followed, and these differences reconciled.

I have given this question, in the past thirty years, a great deal of attention, and long since came to the conclusion that the doctor is fully justified in deceiving and misleading his patient, even to making false statements as to the true nature of his case.

The first difficulty, therefore, in this discussion is one of morals. Can a doctor justify himself before God in deliberately deceiving his patient? God is justly called the "God of truth." We

are demanded to speak the "truth in the heart." All God's moral laws are dictated by love to man, and are founded on reason, the nature of things. But there are cases where to speak the truth would be to insure robbery and bloodshed.

Were I to meet on the highway an ex-convict who inquired of me if the old gentleman, my patient, whose home I had just left, kept his money in his house, as was reported, I would probably say, No. If he were to push this inquiry, and ask if I was sure of it, I would reply that I was certain, because he told me so. This would be my course if I had seen a few minutes before bags of gold in his possession. I justify myself in this course upon the ground that this ex-convict could have no good reasons for making this inquiry, and no harm could possibly come to anyone from this untruth.

Were I stopped on the road at night and my watch and purse demanded at the muzzle of a pistol, they would be promptly delivered up. If the robber then asked if this was all the money I had, I would promptly reply, Yes, though I had on a belt full of gold. To give this robber the gold would be as foolish as for a man to lock his door for security and then hang out his key on the door knob! When the Bible says if a man "take away thy coat give him thy cloak also," it teaches no such absurd doctrine. But it does teach the beautiful doctrine that, for *love and peace*' sake, a Christian should yield far more than is rightfully due; but we are also told "*not* to cast pearls before swine, lest they turn and rend us." When withholding the truth directly prevents villainy, it should be withheld. A doctor would be an idiot who would tell a wife, in the crisis of her case, that her husband's dead body was in the parlor. If questioned by his wife as to his safety, an assuring answer should be promptly given. When to speak the truth is to curse and blight the life of the good and innocent, it need not be spoken.

In war, to deceive and mislead the enemy has been always justified by the wisest men; not only justified, but highly commended. This deception is justified, not on the ground of personal safety even, but upon the ground of patriotism, one of the highest of all motives.

There are cases in the Bible where deception and perfidy were rewarded. Rahab, who betrayed her city and people, was rewarded by Joshua. These cases are peculiar and extraordinary, and each one should be examined on its own merits. God does not contradict himself any more in the moral than in the physical world, though superficial observers may think otherwise.

Sometimes there is a conflict between the duties and virtues of life, the one completely displacing for a time the other. A father will trample upon the prostrate form of his wife to save his daughter from the flames. In the presence of disease and death modesty, a beautiful virtue, has to stand aside.

At Gettysburg a battery was galloping into position under a heavy fire, when a gun ran over a faithful soldier. The captain was a doctor, and the men were heart-stricken at the dreadful groans of their wounded comrade, but they plunged their spurs deeper into their horses, as they rushed into the deadly conflict. Here the presence of a great crisis, involving the lives of hundreds, stifled for a time the cries of a brave comrade.

But it is a matter of almost daily occurrence for a doctor to deceive and mislead his patient, even though he be not suffering with malignant disease. He keeps him ignorant of the medicine he is giving, and is very careful not to let him know of any fears he may have of dangerous complications.

Dr. Holmes says a patient has no more right to know what medicine he is taking than to know all the drugs in the doctor's saddle-bags. It may be said that such habitual deception is likely to damage a doctor's love of truth. There need be no such fear, as there is no selfishness connected with it. It is done wholly in the interest of his patient.

But someone will say that the sick man has a right to know the real nature of his disease, and that if he insists upon it he should be gratified; that if a Christian man, he would not likely be made very unhappy by the information. But all men are very much alike in their love of life. It is one of the most beneficent of all the instincts, and it is the most universal. Every living thing flies from death. A patient will sometimes say to the doctor, "I am not afraid to die," but whether afraid or not, he certainly

don't wish to die. About thirty years ago, a highly intelligent and pious minister insisted I should examine his lungs. He would take no denial; said he had to die some day, and he wanted to know the worst. The examination revealed dullness under left cleficle, etc. I told him he had no serious disease—that as he was thirty years old and led an outdoor life, he might escape lung trouble altogether. He seemed satisfied, but in a few days he left for Philadelphia, and consulted Gerhard. On his return to Richmond, I called to know what the Philadelphia doctor thought of his case. He promptly said that Gerhard thought he had consumption. But on cross-examination of him in regard to Dr. Gerhard's directions, etc., it suddenly entered his head that Dr. Gerhard did not differ with me. He soon left for Florida, and spent two years there. He is still living. This gentleman paid well for his curiosity. It would be hard to tell the number of unhappy days and months that followed this examination.

I was once attending a man in the last stage of consumption with excessive hemorrhage from lungs, and nose requiring surgical aid to prevent fatal bleeding. One day he asked me if I knew what was the matter with him. I said I did. He then asked very positively, "What is the matter with me? I want to know." I told him he had consumption. He said, Can you cure me? I replied, No. He then said to his servant: "John, bring the doctor pen and ink. Please say, doctor, in writing, that I am no longer your patient. I must get another doctor." This man I was not willing to deceive, because I knew he could live but a few days. He reasoned thus: "This doctor says I have a disease that he can't cure, so thinking, he will not try to cure me; besides, what do I gain by taking his medicine. I will employ a man who may think he can cure me, and will try to do so." There is some appearance of reason in this argument, but it is not sound. If the doctor knows what is the matter with me, and understands his business, and has experience in my case, I had better not dismiss him, but get consultation. A patient, in a case of extreme illness, is very apt to be damaged by dismissing his doctor for a new man. This man did not live a week.

Some years ago a lady, while visiting this city, was taken ill, and sent for a doctor. He called, and, on examination of her lungs, said, very promptly: "Madam, you have consumption, send for Doctor ——" (a physician who sometimes prayed with his patients). This information so shocked the lady that active restoratives had to be employed to compose her. She was very indignant at what she considered the "heartlessness" of the doctor. She lived years after in comparative health.

This effort on the part of the doctor to hide his opinions, and wear a smile when his heart is sad, is no pleasant or easy duty. It is a great strain upon his nervous system to play this part day after day for weeks and months even with one patient. When his heart aches his voice must be firm, and his countenance cheerful. Few men can say more truthfully than he, in the language of the song—

"I am not happy when I smile."

God, in his mercy and goodness, hides our day of death from us. So should the good physician stand between his patient and the dreadful dart uplifted to slay him. It is the plain duty of the doctor to inform the patient's friends of the true state of the case. This is due alike to his own reputation and the interest of his patient. It is well, too, that he suggest consultation. He certainly should not oppose it in a malignant disease.

One of the greatest blessings to mankind is hope. It is one of the three corner-stones of religion—"Faith, Hope, and Charity." It is said, "We are saved by hope." It is an "anchor to the soul."

"All, all forsaked the wretched mind,
But hope, the charmer, lingers still behind."

A case of cancer is sometimes well recognized years before its active development. Should the patient learn at this stage of the case his real condition, how miserable must he be. When the doctor announces *ex cathedra* his opinion, he at once tells his patient that death is near and certain, and that it will be painful and most distressing. Then hope takes her flight, and blank despair spreads her funeral pall upon home and friends. Who will consent to make this dreadful announcement to one he loves,

and who looks up to him for health and happiness? I say reverently, If it be possible, let this cup pass from me!

Theologians say hope has two elements, viz., "desire" and "expectation." Now, every man certainly has a "desire" to live; shall the doctor, the patient's friend, destroy the other element of hope—"expectation," and plunge his friend into despair? "God forbid it!"

There are several ways in which a patient's curiosity or anxiety in regard to his own case may be met without giving him alarm. If it be cancer in an early stage, I always call it a tumor. If in the ulcerated stage, I call it a sore or an ulcer. In consumptives, I tell the patient he has weak lungs; that he has bronchitis (as he really must have in consumption). I tell him that, if his lungs are weak, he may outlive many people who have sound lungs; that every man is apt to have some weak organ; that I have seen men as sick as he get well, etc., etc. These and similar expressions give great relief. The patient is often easily satisfied, especially in consumption.

Every physician should read Talmage's lecture on "The Bright Side of Things." A man who sees his patient's future through a jaundiced imagination is hardly fit to be a doctor.

Dr. Talmage says he was hurrying through Fulton Market one day to catch a train, when he heard one boy say to another: "Jim, you'll lose by them green peas." He stopped and said: "How do you know Jim will lose by them peas? let him alone. He will find it out soon enough." The poor, sick man need not be told by his doctor how sad his prospects are. He has abundant opportunity while awake at night, when others sleep, to see gloom and sadness in his future. It is the duty of the doctor, like the lawyer, to stand by his friend to the last, and, if possible, as before said, to hide from his eyes

"The deep, damp vault,
The mattock and the spade."

If he have no minister of religion to support him in his last hours, the doctor's arm should be around him as his weary feet touch the cold waters of death.

From the foregoing facts and reasoning we think the following conclusions may be drawn:—

1. In the treatment of cancer and other necessarily fatal diseases, it is the duty of the doctor to mislead and deceive, as long as he can, his patient, as to the nature and fatal ending of his disease.

2. It is also his duty in other maladies not fatal often to deceive his patient, both as to medicine used and also as to his real opinion of the case. Such deception is also of daily occurrence and is practiced by all doctors.

3. This mode of proceeding is not at all agreeable to the doctor, and is a great strain upon his nervous system, and the only motive for it must be the good of his patient.

4. Deception has been always recognized as lawful and right in war, and has been highly commended by the wisest men.

5. In this deception, both in the case of the doctor and the general, the motive must be of the highest and most unselfish character.

6. In many of the great crises of life, one virtue has, for a time, to be in abeyance and yield to other virtues and duties. Human life is daily saved by withholding, if needful, by deceit, sad news, that would likely kill by shock.

7. It is plainly the duty of the doctor to prolong the life of his patient, and, in every case and by all means in his power, to render him comfortable in body and mind.

8. That the utmost frankness should be practiced by the doctor in his intercourse with the sick man's friends, and is demanded alike by regard for his own reputation as well as the rights of his patient.

9. It is the doctor's duty in all cases of malignant disease to consent to consultation, if not to suggest it.

10. Hope is one of the most precious instincts or faculties of the soul, and it is the doctor's duty to cherish it to the last; as every patient has the "desire" to live, the "expectation," the other element of hope, must be cultivated by the doctor.

11. However desperate the case may be, it is the doctor's duty to stand by his patient and cheer him to the last.—*William W. Parker, M. D., in Medical Register.*

SEXUAL THERAPEUTICS.

SALIX NIGER.

A SEXUAL sedative of the highest order, administered in from half to one drachm doses, three times a day, exceeds in therapeutic power the action of the green root tincture of gelsemium and the bromides combined, without any deleterious effect whatever.

The fluid extract of the black willow, highly ozonized, is a tonic, stimulant, sedative, astringent and germicide. Its area of action is the genito-urinary organs of both sexes.

Our country, our climate, our civilization, our literature, predispose our youth to hyperemia of the lumbar portion of the cord, which presides over the genitalia, and to such affections as nymphomania, satyriasis, onanism, seminal incontinence, ovaritis, cystitis, prostatitis. Its action is most remarkable in relieving and allaying all irritation.

In nocturnal emissions of our drained-out young men, the drug is used with the most marked benefit. The pollutions cease entirely, virile power and passion are not in the least diminished.

SAW PALMETTO.

The fluid extract of this invaluable berry is a nutrient tonic, far in advance of the comp. hypophosphites, almost equal to the tincture of oats, but has a special action upon the glands of the reproductive organs, as the mammæ, ovaries, prostate, testes, etc. Its action is that of a great vitalizer, tending to increase their activity, to promote their secreting faculty, and, to add greatly to their size.

It is specially indicated in all cases of wasting of the testes, such as follows varicocele, or is induced by masturbation, or which is often present in sexual impotency.

In atrophy of the prostate, so very common in cases of sexual perversion, this drug operates in a most remarkable manner, in overcoming the withered, blighted state of the gland; so in uterine atrophy dependent upon ovarian blight its action is unexcelled. In gynecological practice it is much used to promote the growth of the mammæ.

But it is on the prostate gland that this remedy exercises its

best effects. Great medical authority states that when "the hair becomes gray and scanty . . . the prostate gland becomes increased in size," and this irrespective of age. Nine men out of every ten have enlarged prostate, and one atrophy, ages varying from thirty-five to seventy-five, respectively, the result either of early indiscretion, as masturbation, or excess, or perversion of the sexual act, or sedentary habits, or from improperly cured gonorrhea.

The prostate is composed of two lobes and a median portion. Sometimes one portion or all may be enlarged—the part affected influences the function of micturition, whether it be wasted or enlarged. A patient may have enlargement as great as a small cocoanut and no obstruction to micturition, provided the median portion is only but slightly enlarged.

A man with prostatic trouble has always impaired sexual power, verging on partial or complete impotency, with wasting testes, with urinary trouble, either a frequency, or a dribbling, a lack of power of propulsion. The dribbling or lack of power of retention is altogether different from stricture, for in the latter the power is good, strong, although it may be as fine as a thread, or split, or twisted like a corkscrew.

Prostatic disease, acting reflexly on the brain, gives rise to innumerable cerebral affections. Here is a quotation from a text-book on the medical treatment of enlarged prostate:—

"There is nothing to be done for it; you cannot diminish or increase the size of the prostate by any known means."

The use of the saw palmetto in both enlarged and atrophied prostate completely invalidates the above statement.

Did our space permit, we would cite case after case, in both morbid conditions, in which the saw palmetto was used, in which the size of the prostate was equalized, the difficulty of micturition was relieved, the stoppage, dribbling, lack of force, completely overcome, and the improvement in sexual power steady and most gratifying. A perfect rejuvenation follows the use of the palmetto; the general nervous system becomes balanced and re-invigorated.

NYMPHÆ ODORATA PASTILES.

The glucoside isolated from this old and reliable remedy is at-

tracting well-merited attention. This glucoside has an extremely bitter, astringent taste, extremely hygroscopic, and not well adapted for internal use, but as a local remedy in all relaxed, devitalized states of the vagina it has no equal. Added to the butter of cocoa, it forms a most elegant pastile, tonic and astringent to the vagina and uterus. One of these inserted every other night produces a complete revolution in the tissue, and causes contraction and vital tonicity. They are specially indicated in prolapsus uteri, leucorrhea, sexual lethargy, sterility, and whenever the reproductive organs are worn out by frequent parturition or exhausted by sexual excesses.—*Pacific Record of Med. and Surg.*

MICROSCOPICAL LABORATORY NOTES.

THE following notes were read before the St. Louis Club of Microscopists, and each point was illustrated by specimens:—

MAGENTA.—This is a valuable stain for either vegetable or animal tissues. I keep a one per cent alcoholic solution on hand and dilute it as required for use. It is one of the finest stains I have found for the purpose of showing the striations on voluntary muscle fibers. It also has a special affinity for fibro-vascular bundles in vegetable tissues. If vegetable sections are deeply stained with it, and then bleached with a very dilute solution of hydrochloric acid until the stain is removed from the parenchymatous tissue, the wood bundles will stand out very distinctly.

This stain also has the advantage of being cheap, as a ten cent diamond dye package of magenta will last an ordinary worker a life-time. These package dyes answer every purpose of the more expensive dyes put up by dealers in microscopical goods and sold at fabulous prices.

TO BLEACH STAINED SECTIONS.—I use a solution made by dissolving twelve grains of chloride of sodium (ordinary salt) and twelve minims of hydrochloric acid in a mixture of one fluid-ounce of water with five fluidounces of alcohol. This is excellent for removing a portion of the color in overstained sections.

ANILINE STAINS.—The aniline dyes are all useful as stains, and when the tissue is homogeneous in structure any one will answer the purpose. In staining the wood bundles of vegetable tissues or the nuclei of animal tissues, as well as bacteria, it is preferable to use only those dyes that are soluble in both alcohol and water. They seem to have a greater affinity for these particular structures. Among the principal aniline dyes that are soluble in either alcohol or water we have magenta, methyl blue, methyl violet, gentian violet, Bismarck brown, vesuvin, fuchsin, Spiller's purple, rosanilin and Humboldt's red, which is also a purple.

MICRO-ORGANISMS IN STAINS.—The aqueous solutions of aniline dyes, as well as carmine, is a culture fluid for micro-organisms which are liable to get into the tissue and cause trouble when the stain is used. I find that the micrococci (sphero-bacteria) are most liable to thrive, but I have also seen various forms of fungi. To avoid this trouble the solutions should be freshly made, or only alcoholic solutions kept on hand. Strong solutions can be diluted with water when used, if desirable. The solutions are readily made by dissolving the aniline in absolute alcohol and diluting with water as required.

REMOVING VEGETABLE CELL CONTENTS.—When the structure of vegetable tissues is to be studied it is desirable to have the cell contents removed. For this purpose various reagents are employed, such as Labarraque's solution, chloral, caustic soda, caustic potassa, etc. When time will permit I place the sections in commercial (ninety-five per cent) alcohol and allow them to remain for several weeks or months, as may be required. Occasional agitation during this time will wash out most of the cell contents and leave the tissues unimpaired. Such sections take the aniline stains very readily.

TO PRESERVE VEGETABLE SECTIONS.—I always follow the rule of cutting more sections than are required for immediate use. This consumes but little extra labor and furnishes sections for exchange or future mounts. I once made a practice of keeping such sections in glycerine, but find that they become so soft that it is almost impossible to handle them. Fungi are also liable to

form in such cases. I now use diluted alcohol and have experienced no more difficulty. One-ounce wide-mouth bottles are very convenient and cheap containers.

VEGETABLE CELL NUCLEI.—Among the drugs that show cell nuclei well is the rhizome of lily of the valley (*Convallaria majalis*). The nuclei are large and when stained with hematoxylin, magenta or picro-lithium carmine they are easily distinguished.

A DOUBLE STAIN.—It seems difficult to get a double stain for vegetable tissues that is satisfactory when used as one solution. I have obtained the best results with picro-lithium carmine. The carmine stains the fundamental tissue and the picric acid goes to the wood bundles. This stain is readily made by dissolving twenty-five grains of carmine (No. 40) in two ounces of a saturated aqueous solution of carbonate of lithium, and mixing this with four fluid ounces of a saturated aqueous solution of picric acid.

EXTEMPORANEOUS MOUNTING MEDIUM.—A large proportion of the animal and vegetable sections examined shows to an advantage in Farrant's solution. As objects examined in this medium will keep a life-time as cabinet mounts, if found worthy, I prefer to use it in place of glycerine. Specimens may be transferred to Farrant's solution from glycerine or water. I usually keep a solution on hand made by diluting the above with one-third of glycerine, and soak specimens in it for a few moments before examining them in Farrant's solution.

Farrant's solution has several formulas, but the one I use calls for a saturated aqueous solution of arsenious acid, mixed with an equal measure of glycerine. In this, dissolve sufficient gum arabic to make the medium the consistency of syrup. In making the medium remember that arsenious acid is slow to dissolve in water, and takes considerable time and agitation to form a saturated solution. Also, use only whole gum arabic, as the powdered article is more liable to be adulterated.

GLYCERINE.—This is a valuable mounting medium for many kinds of objects, but it should be diluted with one-third part of distilled water. This will partially prevent the tendency to run out of the cell and to distort the tissues by rapidly extracting water from the specimens.—*Prof. H. M. Whelpley, Ph. G.*

MULLEIN IN THE TREATMENT OF MALARIAL TROUBLES.

[Read in the Section on Practical Medicine, at the Thirty-ninth Annual Meeting of the American Medical Association, May, 1888.]

THIS brief paper is intended to draw attention to the remarkable results obtained in certain sections of the South, during the war between the States, in the treatment of malarial fevers, by means of a very common and homely plant, mullein (*verbascum thapsus* of Linnæus). Perhaps it is wrong to speak of it as a "homely" plant, because it seems that all of its family seen in this country (some three varieties), have been imported from Europe. "Familiar," would give a better description. Although not an adult, during the earlier years of the Rebellion, I was old enough to note the singular effects of this herb as used in the treatment of malarial troubles. Quinine amongst us in those days was a luxury which few could command. My temporary home was on the Upper James River, in Virginia, in a neighborhood in which chill and fever was anything but a rarity. Mullein was the resource under these circumstances, and proved to be by no means "a broken reed." I will try and give evidence of this, by direct testimony other than my own, later in my paper, regretting that (owing to the state of things then existing) it is not medical testimony, strictly speaking. I have neglected this subject because our dispensatories, while placing *verbascum* quite conspicuously in their secondary list, and according to it a catalogue of virtues, are singularly silent as to its anti-malarial properties. Wood, Bartholow, and Lauder Brunton ignore the vegetable altogether in their treatises upon *materia medica*.

Francis Peyre Porcher, in his well-known work, "Resources of the Southern Fields and Forests," says (edition 1869): "Of the order *scrofulariaceæ* (fig-wort tribe), generally acrid and bitterish, sometimes dangerous in their properties, is mullein (*verbascum thapsus* Walt), diffused; grows in pastures upper and lower districts, flowers in July." (A number of references given here.) "The leaves of the flowers contain a narotic principle. A decoction of the flowers and leaves (as tea), is beneficial in dysentery and tenesmus; it calms pain in the fundament, caused by hemor-

rhoids, and it is used in the convulsions of infants, in ardor urinæ, and wherever the indication is to moderate spasm or irritation. A large quantity of the flowers will even induce sleep, so active is the narcotic principle it contains." (References given.) This distinguished author, then, after enumerating a number of diseases in which the plant is useful, and ascribing its value to "anodyne, emollient, and gently astringent qualities," alludes to its employment in taking fish (the seeds being fed to them). I will not weary you by referring to a number of other complaints, in which he states that mullein has been found useful, but pass on to the following passage: "Equal parts of mullein leaves and the bark of the root of sassafras, boiled in water and concentrated, then mixed with powdered sassafras bark to form pills, are reputed valuable in the treatment of agues by herbalists." (See "Indian Guide to Health.") Surgeon Hinckley has reported several cases in which the paroxysms of intermittent fever were completely prevented by the administration of the warm infusion of the fresh root. (Four ounces of the fresh root to one pint of water, reduced one-half by boiling; of which two ounces were given every hour, commencing four hours previous to the expected chill.)—*Confederate S. Med. Journal, January, 1864.*

My own recollection of the efficacy of this herb so strongly corroborates the observations of Surgeon Hinckley that I am entirely unwilling to resign it to the "herbalists." Within a few days past I have written to a lady (the wife of a Confederate officer of rank), whose practice with mullein was notably successful in my neighborhood, to ask her experience, and that she would give me her recipe. Her reply was prompt, and I give it to you at length.

R: "Beat mullein leaves in an iron mortar, strain, and to the juice add an equal quantity of French brandy; in a wine-glass of this mixture put fifteen drops of spirits of camphor, and give just as the chill is coming on. The patient must be warmly covered and in bed before taken, and continue so for several hours after. Now for my experience: When I was told of it my husband had been having chills for seven years. I mean

he had never been free from them more than a week or two at a time during that period. He would not consent to try this remedy until one day, after taking 40 grains of quinine, he had a chill which was so severe that we both feared congestion, and he said he would try anything. So after the chill had reached its height, I had the leaves gathered and beaten and gave him a dose. As soon as he swallowed it the moisture began to break out on his brow; and in five or ten minutes he was in a most profuse perspiration. He had not the least fever, and did not have another chill for fifteen years. I tried it after that, in, I suppose, fifty cases, *with perfect success*. Our physician in the neighborhood (Dr. R. K. T.) used to laugh at me about it very much; but the last time I saw him he told me that during the war, when he could not get quinine, he had to resort to it, and found it most efficacious, not only in cases of chills, but in bilious and typhoid fevers. Of course he could not get brandy at that time, but used whisky instead, and usually the commonest kind. I am glad to hear that you are going to sing the praises of this wonderful plant."

I know very well that the carping reader or listener, as the case may be, will object to my adducing lay evidence of this sort, in a paper relating to a scientific subject. I know, too, that he will consider that the case notes detailed savor of inaccuracy and enthusiasm. Such a one, however, is ignorant of the peculiar state of things existing in the South during the days of slavery. In regard to the first proposition, he will have to be informed of the especial relations occupied by the cultivated wife of the large Southern planter to her husband's slaves ("servants," as we were taught to call them). This information, happily, I can give from the pen of a distinguished foreigner, the Marquis de Chastellux, a general officer under the Comte de Rochambeau, in the Revolutionary War. This accomplished gentleman, after the surrender at Yorktown, made a tour of the Union and Canada; and the edition of his delightful work from which I quote was published in 1827, by White, Gallagher & White, No. 7 Wall Street, New York. On page 282, after describing the beauties of Westover, the old homestead of the Byrd family, on the James River

(well-known in our day as part of McClellan's entrenched camp), and after numerous tributes to the elegance and hospitality of his hostess, Mrs. Byrd, he says: "This lady takes great care of her negroes, makes them as happy as their situation will admit, and serves them herself as a doctor in time of sickness. She has even herself made some interesting discoveries in the disorders incident to them, and discovered a very salutary method of treating a sort of putrid fever which carries them off commonly in a few days, and against which the physicians of the country have exerted themselves without success." In reference to the case detailed in the letter quoted, in which chronic malaria was gotten rid of by one treatment, astonishing as the result was, I can testify to a similar instance in my father's household, in which quinine had failed, and a successful result was obtained by the use of this lady's mullein-juice preparation.

Undoubtedly, our pharmacopeia is already over-freighted with drugs and remedies, many of them inert or unnecessary. But in calling attention to this one, I am not introducing a new title. The plant is already "on the list." No one has greater faith than I in the virtues of cinchona and the salts of its alkaloids, especially quinine and cinchonidia, but, unfortunately, we are now and then compelled to refrain from their use by reason of personal idiosyncrasy. One man is known to me, in whom such alarming hæmaturia occurs after one dose of quinine that he cannot be induced to take it. I have known this symptom to follow a dose clandestinely given by his physician, who doubted the alleged effect. We are all accustomed to see troublesome rashes resulting from quinine and other agents of its series, as well as nervous phenomena, in some patients, which positively inhibit their employment. In the case of a very prominent gentleman, who recently died in this city and who suffered from congestive malaria, his physician gave quinine, perfectly assured from previous knowledge of the idiosyncrasy of his patient, that the nails would be shed. He told me the result was as anticipated, nails dropping out and skin desquamating. Arsenic stands us in good stead as a substitute in chronic cases; and Warburg's tincture is popular with some practitioners, in acute cases. Gel-

semium and other resorts we undoubtedly have; but I am sure that an antiperiodic possessing the value which I am confident pertains to this drug, would be gladly welcomed by one and all of us, and I should feel much gratified if our enterprising manufacturing pharmacists should be led to develop its active principles, so as to offer us a convenient form of administration.—*George Byrd Harrison, M. D., Washington, D. C., in Journal, American Medical Association, Nov. 10, 1888.*

COCAINE AS AN ANTI-EMETIC.

Dr. J. E. JENNINGS, of Aspinwall, sends the following communication: As is well known, vomiting is one of the most constant symptoms of yellow fever. Occurring early, it marks the whole history of the disease, and in most severe cases gradually becomes more persistent until the characteristic black vomit appears. All writers on the subject agree in the statement that the black vomit is a very grave symptom; hence any drug that can prevent or check this symptom would aid us very much in the treatment of this truly terrible disease. Lime-water and milk, small pieces of cracked ice, iced champagne, lime-juice, carbolic acid, pepsin, ingluvin, external applications, etc., seem to exert a favorable influence upon the vomiting, but up to the present moment no remedy has been brought to the notice of the profession that could be regarded as anything like a positive anti-emetic in this disease. Knowing the power of cocaine as a local anesthetic, Dr. Thorington, physician for the Panama Railroad, and myself, resolved to test its value as an anti-emetic in yellow fever.

The following cases illustrate very happily the results we have obtained from the use of this drug.

CASE I.—Miss L., Spanish, aged twenty-three, arrived in Aspinwall from Spain four months ago. When called in to see the patient, she was found to be in the second stage of yellow fever. The following day black vomit appeared, for which we ordered ten minims of a four per cent solution of cocaine to be given with a little water every hour. The effect of the medicine was at once apparent, and after the second dose all vomiting ceased. Patient recovered.

CASE II.—Miss H., Spanish, aged nineteen. Has been living in this city for the past seven months. This patient was thought by the family to be suffering from malarial fever, until the fourth day, when her disease was recognized by the appearance of black vomit. At this time cocaine was administered as in case 1, with like success.

CASE III.—Mr. S., American, aged forty-nine. Two months after his arrival in this city he was taken sick with yellow fever of a very severe type. Black vomit appeared at the end of the first twenty-four hours, but was at once checked by the administration of small doses of cocaine. In this case it was noticed that a considerable quantity of coagulated blood was passed from the bowels. Patient died on the fourth day, there being complete suppression of urine.

CASE IV.—Captain N., Welshman, aged forty-five. Was taken sick with yellow fever while his vessel was discharging coal in this port. Had copious black vomit on the third day, which was controlled by cocaine. Patient recovered.

In the above cases from two to five doses were all that were necessary to control the vomiting. The patients rested easier and seemed to relish the nourishment given them. At the same time it was noticed that the cocaine acted as a diuretic; under its influence the quantity of urine passed was somewhat increased.
— *Medical Record*, November 26, 1887.

TYPHOID IN VERSE.

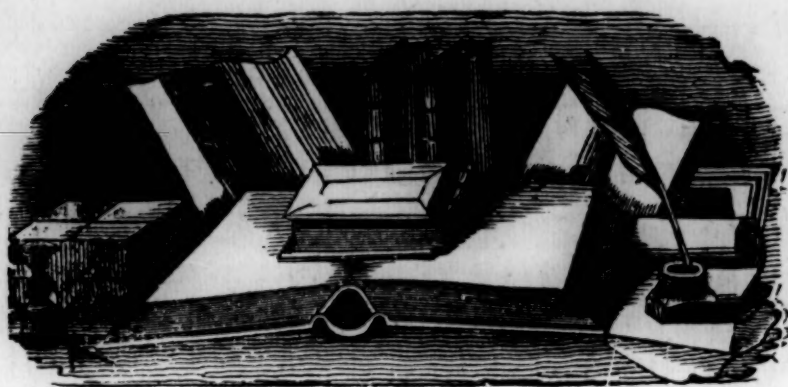
At a recent meeting of the New York Academy of Medicine, the following was read:—

THE OLD OAKEN BUCKET, AS REVISED AND EDITED BY "A SANITARIAN."

With what anguish of mind I remember my childhood,
Recalled in the light of a knowledge since gained,
The malarious farm, the wet fungus grown wildwood,
The chills then contracted that since have remained;
The scum-covered duck-pond, the pig-stye close by it,
The ditch where the sour-smelling house drainage fell;
The damp, shaded dwelling, the foul barn-yard nigh it—
But worse than all else was that terrible well,

And the old oaken bucket, the mold-crust'd bucket,
The moss-covered bucket that hung in the well.
Just think of it! moss on the vessel that lifted
The water I drank in the days called to mind;
Ere I knew what professors and scientists gifted
In the waters of wells by analysis find;
The rotting wood fiber, the oxide of iron,
The algæ, the frog of unusual size,
The water impure as the verses of Byron,
Are things I remember with tears in my eyes.
And to tell the sad truth—though I shudder to tell it—
I considered that water uncommonly clear,
And often at noon, when I went there to drink it,
I enjoyed it as much as I now enjoy beer.
How ardent I seized it with hands that were grimy!
And quick to the mud-covered bottom it fell!
Then, reeking with nitrates and nitrites, and slimy
With matter organic, it rose from the well.
Oh, had I but realized in time to avoid them—
The dangers that lurked in that pestilent draught—
I'd have tested for organic germs, and destroyed them
With potassic permanganate ere I had quaffed,
Or, perhaps, I'd have boiled it and afterward strained it
Through filters of charcoal and gravel combined;
Or, after distilling, condensed and regained it
In potable form, with its filth left behind.
For little I knew of the dread typhoid fever
Which lurked in the water I ventured to drink;
But since I've become a devoted believer
In the teachings of science, I shudder to think,
And now, far removed from the scenes I'm describing,
The story for warning to others I tell,
As memory reverts to my youthful imbibing,
And I gag at the thought of that horrible well,
And the old oaken bucket, the fungus-grown bucket—
In fact, the slop-bucket—that hung in the well.

—J. C. Bayles, in *Atlanta Medical and Surgical Journal*.



EDITORIAL.

The California Medical College.—The contract is signed for the building of our new edifice, and operations have already begun, so that by the time of the opening of the regular term, the first of June, the new lecture-halls will be ready for occupancy.

In the meantime the intermediate term, beginning March 1, will be held in the gymnasium building, which will occupy the posterior portion of the College site, near the corner of Tenth and Folsom Streets, San Francisco; we cannot at this writing state the number.

The Dean informs us that more than the ordinary amount of interest is being manifested in the coming term, and that the number of applications and communications regarding tuition indicate a large attendance.

It should not be forgotten that we occupy the foremost ground in our school on the position of a higher standard of medical education. We have required, since the beginning of our College existence, eighteen months of actual attendance upon lectures, and these months have been months of solid and earnest work, whereas honors have been so easy in some quarters as to invite students away in order to avoid so much time and labor to obtain a degree.

But time will demonstrate the folly of such a move. The institution that can exhibit a clean record as to its adherence to requirements will be the one to which alumni will by and by refer with pride and satisfaction, and students will be willing and anxious to attend lectures in its halls.

We can offer the advantage of a Faculty in the prime of life, all of

whom are engaged in active and extensive practice, and who are able and willing to afford a limited number of students unequalled clinical advantages, advantages which excel the brutal exhibitions, which the hospital frequenter usually witnesses as clinics, and which will aid the student much more in shaping his future course as a professional man than hospital instruction possibly can.

We have the name of our college at heart more than the money it can afford us, and will continue in the future as in the past to adhere only to such a course as shall guarantee the highest amount of satisfaction to our graduates so far as the reputation of their *alma mater* is concerned.

Our students and graduates who have been elsewhere commend our college above those abroad as an institution of thorough and conscientious instructors, and our graduates are succeeding whenever they combine tact and ability with the education here received.

The perpetual scholarships are now in demand and the limited number offered at \$500 will soon be exhausted. After this the price will be advanced to \$750 each. Those who intend to invest in them should therefore be about it at once. Address D. Maclean, M. D., 6 Eddy Street, San Francisco, for particulars.

Sciatica.—Wanted, a successful treatment for sciatica. This is the demand made by one of our subscribers, and who will supply it. Sciatica is a very stubborn condition to relieve, and while we have been able to afford benefit to some cases and cure others, we have failed to benefit at all.

Place the foot of the affected extremity on a moist sponge connected with the positive pole of a faradic battery and thoroughly sponge the lumbar, sacral and gluteal regions with the negative continuing down the thigh and leg before finishing. Repeat this every other day for two weeks. It has done good work in many cases but it may fail sometimes.

Colocynth sometimes cures sciatica like magic. It has an undoubted predilection for the nerves about the hip joint. We have cured many acute attacks with colocynth but have not given it much trial in chronic cases. Add 3 to 5 drops of a reliable tinct-

ure to half a glass of water and order a teaspoonful every 2 or 3 hours.

Salol has been the last drug tested. In a case characterized by constant dull, aching pain along the course of the nerve, with occasional twinges darting up and down, this remedy favorably impressed a long-standing difficulty and enabled the patient to get out of bed in a few days. At least it can be said that the patient was pleased with the result, and that is something in favor of a remedy at least.

Specific indications should not be neglected. A markedly periodic manifestation of the severe symptoms should be met with quinine. Phosphorus is often a good remedy.

On page 329 of last year's JOURNAL may be found instructions for preparing a home-made phosphorous pill that we have been pleased with, in inveterate neuralgias. Equalization of the circulation is important.

Sulphur as an external application in sciatica has been highly extolled in some quarters. We have not tried it, though in one case we made preparations for its application, when the patient declined with thanks. He said he preferred to wait until he was obliged to bathe in brimstone and then he expected to have the bath warmed. Evidently he was not in extremity or he would have preferred purgatory to sciatica.

On page 387 of the last volume of the JOURNAL will be found some valuable clinical experience with this plan of treatment.

Stretching of the sciatic nerve has been resorted to in extreme cases, though the case that would prompt such a measure must be a severe and trying one.

Uterine or rectal diseases may give rise to severe neurosis about the hip joint, and even to sciatic neuralgia. Investigation of such cases and local treatment may afford prompt relief. It is well to consider this.

A Timely Suggestion.—Mr. Harold P. Brown, of New York, electrical engineer, in a circular letter, calls attention to some important investigations and deductions arising therefrom, made by himself, in regard to the frequent deaths and serious

injuries resulting from the present system of electric lighting, which ought to be known and considered by everyone.

Of so common occurrence are the sudden deaths and life-long injuries resulting from shocks received where no fault can be imputed to the victim from his own carelessness, that any system that will render electric lighting more safe should be encouraged.

So well are the propositions in this matter set forth in the circular referred to, that we are constrained to publish it in full.

DEAR SIR: I address you on a matter of life and death which may personally concern you at any moment. Last spring, alarmed at the large number of deaths caused by careless methods and criminal economy on the part of many electric lighting companies, I started a movement in favor of greater care for public safety. In a careful essay I tried to point out the sources of danger, and to indicate means whereby arc lighting could be made safe. But there is no possible way of making safe the high-tension alternating current, which is now extensively used for incandescent lighting. At once representatives of the alternating current syndicates, which are both wealthy and unscrupulous, made vicious personal attacks upon me, and put themselves on record as claiming that their current was "absolutely harmless" and "perfectly safe" (see *Electrical World*, July 28). The only course open to me to maintain reputation was to demonstrate by experiment the exact death pressure in the continuous and the alternating currents; but to do this with scientific accuracy, required apparatus which cannot be obtained at short notice in this country.

I therefore called upon Mr. Thomas A. Edison, whom I had never before met, and asked the loan of instruments for the purpose which could not be obtained by me elsewhere. To my surprise Mr. Edison at once invited me to make the experiments at his private laboratory and placed all necessary apparatus at my disposal. The results proved beyond question that the alternating current would produce instant death at one-sixth the pressure used by the alternating current companies for electric lighting and pronounced by them "perfectly safe." (See inclosed report Medico-Legal Society.)

Under the auspices of Dr. Cyrus Edson, of the Board of Health, I then made two public demonstrations at the School of Mines Columbia College, which the alternating-current people were invited to attend, and were given opportunity to verify my measurements with their own instruments. This, of course, they failed, to do, and in spite of the fact that their current has *killed*

and crippled for life a large number of men, they still endeavored to deceive the public, objecting to my experiments because the subjects used "weighed less than a man and were therefore more easily killed." I then invited the Committee of the Medico-Legal Society having in charge the determination of the best method of executing condemned criminals (under the New York electrical execution law, which goes into effect January 1, 1889) to witness the killing, with the alternate current, of animals weighing as much as, or more than, a man. This so impressed the committee with the death-dealing qualities of the alternating current that they drew up the inclosed report, recommending its adoption for execution purposes at exactly the pressure used for "safe and harmless" electric lighting. At the society's meeting of December 12 this report was *unanimously adopted*, after the representatives of the alternating current companies had been given ample opportunity to defend their views.

Even this did not discomfit them, for Mr. Geo. Westinghouse, Jr., President of one of the alternating current companies, published, on the 13th, a letter upholding his high-tension alternating current as "less dangerous than the continuous." To test his sincerity in making so absurd a statement, I published, on December 18, the inclosed challenge, which will explain itself. This has, as yet, received no acceptance.

Now, how does this affect you? The special danger in the use of the high-tension alternating current lies in the fact that its physical effect on the nerves is many times greater than the continuous current with the same pressure, and the rapid alternations place the insulation of its conductors under a tremendous strain, similar in effect to that produced by what is known as "water hammer" in pipes. This strain causes *leakage to the ground* from the wires, which I find, upon careful measurement, is sufficient to kill or cripple any person standing on a damp place and touching either wire, and the danger increases in direct proportion to the length of the wire and the dampness of the day. That this danger is not imaginary is shown by over fifteen deaths and a large number of serious injuries within the past year from this very cause, and many of these cases were *not* electric light employes. In every city having a large alternating current station many crippled pensioners can be found. The most serious cases of injury are those of a son of Professor Young, of Princeton College, who was paralyzed by stepping on a ground connection while touching an alternating current wire; and W. J. Bell, of St. Paul, whose nervous system was completely shattered by touching a guy wire on a district telegraph pole, which hap-

pened to be in contact with a Westinghouse alternating current wire some distance away. In this case the "insulation" of the alternating current wire was *apparently perfect*. It is not an uncommon thing for telephone and district telegraph apparatus to be burned by their wires coming in contact with the alternating current conductors; any person who then touches the telephone or call-box runs a terrible risk. This brings the danger home to all of us.

What is the remedy? Simply a limitation of the pressure to three hundred Volts, or less, which will then make the alternating current no more dangerous to the general public than the arc light wires, since, in order to kill, it would be necessary to grasp both wires. The leakage to ground would then be less than the pressure required to kill. The expense occasioned to the electric lighting companies by this reduction of pressure to safe limits would be simply the cost of about *twice as much additional wire* as they now have in use, which would be insignificant in comparison with the good result thus obtained.

I therefore ask you, as a public-spirited man, to oppose, with all means in your power, the extending of the high-tension alternating system in any city or town where you have influence; to lend me your aid in securing legislation which will keep this executioner's current out of our homes and streets, and prevent reckless corporations from saving their money at the expense of the lives of those dear to you.

The killing of a little child in the streets of Philadelphia, on December 17, outweighs all possible considerations of "economy in first cost," so temptingly set forth by Mr. Westinghouse's company and others. I shall be glad at any time to send you printed matter on this subject, or to *assist you in any way* against the encroachments of the executioner's current. In return I shall esteem it a favor to receive information of any deaths or injuries from electric lighting in your vicinity, or any "answers" to my arguments brought forward by my opponents.

Sincerely yours, HAROLD P. BROWN.

Antipyrine in Migraine.—One's own sensations are the most vivid and lasting means of impressing upon his mind the value of a remedy. A few weeks ago the writer suffered a severe attack of sick-headache. The cerebral pain was bursting, throbbing and intensely acute, while most distracting nausea, with vomiting, attended.

While lying on the sofa Dr. T. D. Hall came into the office and, recognizing the situation, administered fifteen grains of antipyrine. This was immediately, or in a few seconds, rejected by the stomach, and it at first seemed that no good could come of it, but a grateful sense of coolness was soon felt in the stomach and head, sleep followed for a couple of hours, and the waking was found free from any pain or unpleasantness.

A second attack has been threatened to-day. A couple of nights of vigil and close application to work left an impression, and morning rising discovered a dull headache, which increased as day advanced; symptoms of nausea soon were added, and it seemed as though the day's duties must be neglected.

Ten grains of antipyrine were swallowed an hour ago. The analgesic effect of the drug has been grateful and satisfactory; headache all gone.

A good impression has been formed of the drug, and we promise to try it again when something of the kind is needed.

Announcement.—E. B. Treat, publisher, 771 Broadway New York, will publish, early in 1889, the Seventh Annual Issue of the *English Medical Annual*, a *résumé*, in dictionary form, of new remedies and new treatment that have come to the knowledge of the medical profession throughout the world during 1888. The editorial staff of the forthcoming volume will include articles or departments edited by Sir Morrell Mackenzie, M. D., (Laryngology), London, Jonathan Hutchinson, Jr., M. D. (Genito-Urinary Diseases), London, J. W. Taylor, M. D. (Gynecology), Birmingham, William Lang, M. D. (Ophthalmologist), of London, James R. Leaming, M. D. (Heart and Lung), New York, Charles L. Dana, M. D. (Neurologist), New York, H. D. Chapin, M. D. (Pediatrics), of New York, and others, comprising a list of twenty-three collaborators, widely known in Europe and America. In its enlarged and widened sphere it will take the name of *The International Medical Annual*, and will be published in one octavo volume of about 600 pages, at \$2.75, under copyright protection, and issued simultaneously in London and New York.

EDITORIAL NOTES.

AN Eclectic hospital for San Francisco has been often suggested, but the suggestion has never seemed so near fruition as now. It is not improbable that one will soon be established in connection with the new College.

THE Faculty of Bennett Medical College, of Chicago, have been recognized by the management of Cook County Hospital, five of the number having received appointments on the staff. "Westward the Star of Enterprise takes its way."

THE Alameda County Eclectic Medical Society is the name of an organization which holds monthly meetings in Oakland, Cal. One member by appointment reads a paper on some leading subject, and the remainder of the session is occupied in its discussion by members present. We expect to publish some of these papers by and by. Dr. J. Fearn is President, Dr. H. S. Turner Secretary, and ye editor Treasurer.

OUR editorial department has been somewhat curtailed this month by the publication of a number of selections which we considered too good to lose. Remember, if you preserve your JOURNALS and have them bound you put many good things on file for future reference. There are a number of articles worthy of preservation in this issue.

MESSRS. J. B. LIPPINCOTT COMPANY announce to the profession the publication of a "Cyclopædia of the Diseases of Children," medical and surgical, by American, British, and Canadian authors, edited by John M. Keating, M. D., in four imperial octavo volumes; to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals.

A thorough knowledge of the diseases of children is a matter of the greatest importance to most physicians, and as this is the only work of the kind that has been published in English, it will be invaluable as a text-book and work of reference for the busy practitioner.

MISCELLANY.

HYDROCELE.—Professor Forbes uses as an injection after evacuating the fluid in hydrocele, a solution composed of tinct. of iodine $\frac{1}{3}$ — $\frac{1}{2}$ and sherry wine $\frac{1}{2}$ — $\frac{2}{3}$. By injecting a considerable quantity it comes in contact with all parts of the sac, more cer-

tainly occluding it; the excess may be allowed to flow out through the canula.—*Coll. and Clin. Record.*

A VASSAR, Mich., doctor awoke in church the other Sunday to hear the preacher ask all those opposed to please rise. He arose. "Thank you; that's manly," said the man in the pulpit, and then the doctor's wife told her horrified spouse that he had voted against observing the week of prayer. He would like to bet that he doesn't go to sleep again in church in fifty years.—*Exchange.*

SALICYLIC ACID FOR TAPE-WORM.—Dr. Jenkins reports a case wherein the ordinary anthelmintics failed of effect, and he then concluded to give salicylic acid. The boy was given eight-grain doses every hour until five doses were taken, a dose of castor-oil preceding, and one after the last dose of the acid. The result was that the worm was expelled entire with the operation of the oil.—*Indiana Pharmacist.*

BAG OF WATERS.—Professor Parvin says: "The bag of waters generally ruptures at the beginning of the second stage of labor. Should it not do so, it is advisable to rupture it, and this may be done generally by firm pressure of finger against it during uterine contraction. If this method does not succeed, a few notches may be cut in the finger nail, using it as a saw against the membranes."—*Coll. and Clin. Record.*

BOYS AND TOBACCO.—In an experimental observation of thirty-eight boys of all classes of society, and of average health, who had been using tobacco for periods ranging from two months to two years, twenty-seven showed severe injury to the constitution and insufficient growth; thirty-two showed the existence of irregularities of the heart's action, disordered stomach, cough and a craving for alcohol; thirteen had intermittency of the pulse, and one had consumption. After they had abandoned the use of tobacco, within six months' time one-half were free from all their former symptoms, and the remainder had recovered by the end of the year.—*Science.*

A HANDY METHOD IN LUXATION.—A Parisian lately went hunting with an intractable dog who constantly outfooted him. Almost beside himself with vexation, he vented his displeasure in loud imprecations, in the midst of which his jaw became luxated. It was late at night before he reached the nearest town, and the local doctor was in bed. A vigorous knocking, however, brought him to the window, but the would-be patient was unable to make himself understood, so the man of science, believing his patient to be no more than a belated drunkard, closed the window and went to bed again. The patient continued to knock,

and the doctor finally got up, stole softly downstairs, and, opening the door suddenly, gave the stranger a vigorous blow with his fist. Recovering from his surprise the would-be patient found he could speak as well as ever; the blow had reduced the luxation.—*Med. Abstract Trans.*

HIC JACET.—The *Southern Journal of Homeopathy* died of inanition, ostensibly, but most likely it *crowed* itself to death, like Robinson's rooster. With its last gasp the plucky little bantam complained that there was "not sufficient *material* in Texas to support a journal," and after a feeble attempt to appear cheerful and resigned, it gave up its little ghost, folded its little wings and departed this life. Seriously and with all due respect, its editor and manager is a man of pluck, energy, enterprise, and of some intelligence, and had these qualities been brought to bear in a more worthy cause, he would doubtless have achieved success—but—homeopathy! Bah! nonsense, moonshine. Fisher plied it for all it was worth, and with the above result. California is to be blessed with this important individual's presence, we believe, henceforth.—*Daniel's Texas Medical Journal.*

BOOK NOTICES.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published monthly at \$10 per year, by William Wood & Co, 56 and 58 Lafayette Place, New York.

These productions represent a new enterprise inaugurated by this house, beginning with January of the present year.

It is intended that they shall consist of original treatises and of complete reproductions in English of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc.

These works are equal in size of pages, typography, and other respects, except that the covers are of paper, to Wood's Medical Library, that is so well and favorably known to the profession, and they will afford in a year a vast amount of medical literature upon live subjects at very little cost. By one who has the time to read them they will no doubt be highly appreciated.

Two numbers have already arrived, viz., the January and February issues.

The January number contains "The Pedigree of Disease, by Jonathan Hutchinson, F. R. S.; "Common Diseases of the Skin," by Robert M. Simon, M. D.; "Varieties and Treatment of Bronchitis," by Dr. Ferrand. These three monographs constitute a column of 259 24-em 49-line pages by eminent authors.

The February number presents the appearance of a twin brother to the first issue. It contains 264 pages, and embodies: "Gonorrheal Infection in Women," by William Japp Sinclair, M. A., M. D.; "On Giddiness," by Thomas Grainger Stewart, M. D., and "Albuminuria in Bright's Disease," by Dr. Pierre Jaen-ton.

NERVOUS EXHAUSTION [Neurasthenia]. Its Hygiene, Causes, Symptoms and Treatment. By George M. Beard, A. M., M. D., Formerly Lecturer on Nervous Diseases in the University of the City of New York; Fellow of the New York Academy of Medicine, etc. Second edition, revised and enlarged by A. D. Rockwell, A. M., M. D., Professor of Electro-Therapeutics in the New York Post Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. In one large octavo volume, nearly 300 pages. Uniform in style with "Medical Classics." Price, \$2.75. E. B. Treat, publisher, 771 Broadway, New York.

Neurasthenia is now almost a household word, and equally with the term malaria, affords to the profession a convenient refuge when perplexed at the recital of a multitude of symptoms seemingly without logical connection or adequate cause.

In spite of its frequency and importance, although long recognized in a vague way among the people and the profession under such terms as "general debility," "nervous prostration," "nervous debility," "nervous asthenia," "spinal weakness," it is beginning to find recognition in the literature of nervous diseases. It is the most frequent, most interesting, and most neglected nervous disease of modern times.

Among the specialists and general practitioners alike, there has been, on the whole subject, a fearful and wondrous confusion of ideas.

The present work is the result of the experience and study of my entire professional life in the subject to which it relates. (From author's preface.)

The diagnosis of neurasthenia, moreover, is often as satisfactory to the patient as it is easy to the physician, and by no means helps to reduce the number who have been duly certified to as neurasthenic, and who ever after, with an air too conscious to be concealed, allude to themselves as the victims of nervous exhaustion. The doctrine to be taught and strongly enforced is that many of these patients are not neurasthenic, and under any hardly conceivable circumstance could they become neurasthenic. They do not belong to the type out of which neurasthenia is born, either mentally or physically.

Many of them are unintellectual, phlegmatic, and intolerably indolent, and are pleased at a diagnosis which touches the nerves rather than the stomach, bowels and liver. Instead of rest, quiet and soothing draughts, they need mental and physical activity, less rather than more food, depletion rather than repletion.—*From Author's and Editor's Preface.*

THE DISPENSATORY OF THE UNITED STATES OF AMERICA. By Dr. Geo. B. Wood and Dr. Franklin Bache. Sixteenth edition rearranged, thoroughly revised, and largely rewritten, with illustrations, by H. C. Wood, M. D., L.L.D., Member of the National Academy of Medicine, Professor of Materia Medica and Therapeutics, etc., etc., Joseph P. Remington, Ph. M., F. C. S., Professor of Pharmacy, etc., etc., and Samuel P. Sadtler, Ph. D., F. C. S., Professor of Chemistry, etc., etc. Published by J. B. Lippincott Company, Philadelphia, Pa.

This familiar work needs no commendation at our hands. A marvel of completeness, it only lacks the description of those agents and formulæ with which Eclectics are familiar to constitute it the most comprehensive volume of materia medica in the world.

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Professor of Pathology and Practice of Medicine in New York University Medical College, Visiting Physician to Bellevue Hospital, Consulting Physician to St. Luke's Hospital, Mt. Sinai Hospital, etc., etc.

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AMERICAN RESORTS. With notes upon their climate. By Bushrod W. James, A. M., M. D, Member of the American Association for the Advancement of Science, The American Public Health Association, The Pennsylvania Historical Society, The Franklin Institute, and The Academy of Natural Sciences, Philadelphia, the Society of Alaskan Natural History and Ethnology, Sitka, Alaska, etc., etc. Published by the American Biographical Publishing Co., Philadelphia, Pa.

With a translation from the German by Mr. S. Kauffman of those chapters of "Die Klimate der Eerie," written by Dr. A. Woeikof, of St. Petersburg, Russia, that relate to North and South America and the islands and oceans contiguous thereto. Intended for invalids and seekers after health and longevity, as well as for those who desire to preserve good health in a suitable climate.

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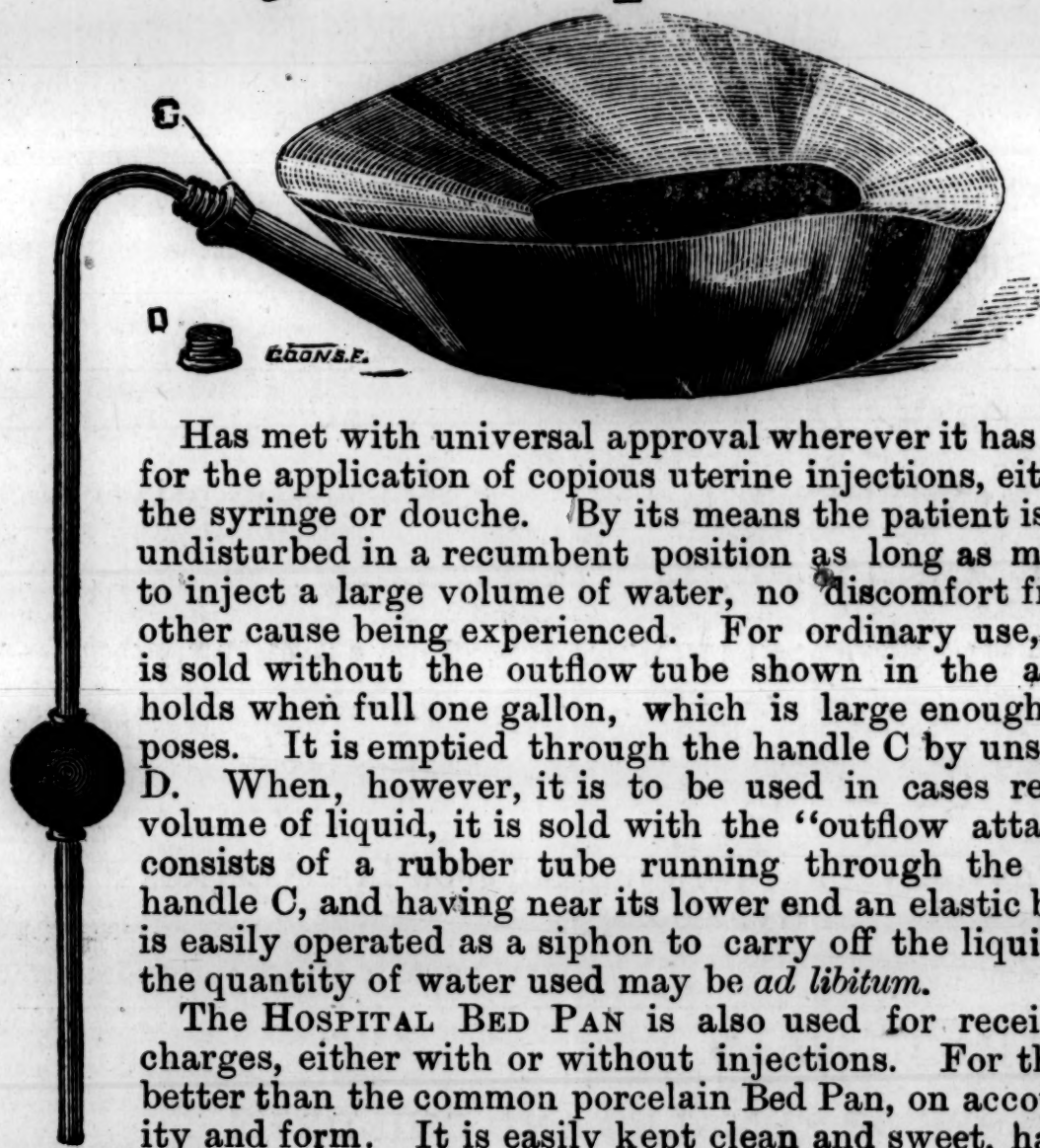
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